

# APPLICATION FOR ENROLMENT



*Educating boys since 1918*



## Mission Statement:

“To stimulate lifelong learning through the development of knowledge, skills and attitudes in the spiritual, intellectual, physical, emotional, cultural and social dimensions of life.”



## JOHN MCGLASHAN COLLEGE

2 Pilkington Street, Maori Hill, Dunedin, New Zealand  
Telephone (03) 467-6620, Fax (03) 467-6622

Email: [admin@mcglashan.school.nz](mailto:admin@mcglashan.school.nz) Website: [www.mcglashan.school.nz](http://www.mcglashan.school.nz)

# 1 STUDENT

Admin Use Only

Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current School Year: \_\_\_\_\_

Student's Current School: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

## THIS APPLICATION IS FOR ENROLMENT...

In (Year) \_\_\_\_\_ in (Year level or Form) \_\_\_\_\_ as Dayboy:  Boarder:

## STUDENT'S ADDRESS WHILE ATTENDING JOHN MCGLASHAN COLLEGE

Street Address: \_\_\_\_\_

Town or City \_\_\_\_\_ Phone Number: \_\_\_\_\_

## STUDENT LIVES WITH...

Both Parents:  Mother:  Father:  Caregiver:  None of these:

"Caregiver" is a term used by the MInistry of Education to describe the person(s) taking care of the student. This may include a stepmother, stepfather, partner, relative, homestay or legal guardian - whoever has day to day responsibility for the student.

# 2 MOTHER

Mrs/Ms Initials: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Rapid Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

# 3 FATHER

Mr Initials: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Rapid Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

# 4 CAREGIVER

Mr/Mrs/Ms Initials: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Your relationship to student \_\_\_\_\_

(eg. stepmother, stepfather, relative, homestay, legal guardian)

## 5 EMERGENCY CONTACT

Admin Use Only

Mrs/Ms/Mr: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## 6 OTHER STUDENT DETAILS

ETHNIC GROUP(S) (Tick as many as relevant)

- |   |   |
|---|---|
| <input type="radio"/> European New Zea-                         | <input type="radio"/> New Zealand Maori (State Iwi) _____ |
| <input type="radio"/> New Zealand Chinese                       | <input type="radio"/> Asian (State ethnic) _____          |
| <input type="radio"/> Pacific Island (State Ethnic group) _____ | <input type="radio"/> Other (Please state) _____          |

Country of Origin: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

First Language: English  Other  (Please state): \_\_\_\_\_

## 7 HEALTH

PLEASE EXPLAIN ANY MEDICAL CONDITION / DISABILITY OF WHICH THE SCHOOL SHOULD BE AWARE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## 8 FINANCIAL & ADMINISTRATIVE INFORMATION

INVOICES / ACCOUNTS ARE TO BE SENT TO: Both parents jointly:  Father:  Mother:

Other (Please give details) \_\_\_\_\_

REPORTS / NEWSLETTERS ARE TO BE SENT TO: Both parents jointly:  Father:  Mother:

Other (Please give details) \_\_\_\_\_

ARE THERE CUSTODIAL ARRANGEMENTS WE NEED TO KNOW ABOUT? (eg with regard to legal access rights?)

\_\_\_\_\_  
\_\_\_\_\_

## 9 SCHOOL AFFILIATION

HOUSE AFFILIATION: BALMACEWEN:  BURNS:  ROSS:  GILRAY:

NAMES OF BROTHER(S) OR FATHER WHO HAVE ATTENDED OR IS/ARE ATTENDING THE COLLEGE

Name: \_\_\_\_\_ Years of attendance: \_\_\_\_\_

Name: \_\_\_\_\_ Years of attendance: \_\_\_\_\_

CONTINUED OVER-

# 10 ANYTHING ELSE OF INTEREST TO THE COLLEGE

Admin Use Only

**OTHER COMMENTS** (eg interests and achievements, parents concerns, special needs etc)

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*Attach additional sheet if necessary*

# 11 PLEASE ATTACH COPIES OF YOUR SON'S LATEST SCHOOL REPORT & BIRTH CERTIFICATE TO THIS FORM

For students **NOT** born in New Zealand, please attach a copy of the student's Passport showing their residency status and a Student Permit. Other types of acceptable documentation could include a Birth Certificate, a Certificate of Naturalisation, or Immigration Service documentation of Refugee Status.



# 12 CHECKLIST

ALL details on Pages 2-4 completed

Recent school report attached

Copy of Birth Certificate OR Passport attached

Signed by all parties (below)

## PARENTS AND STUDENTS

1. We agree to comply with the rules and procedures of the School.
2. I/We give permission for the information contained on this form to be used:
  - for School and Health purposes
  - by the Board of Proprietors or the Parents and Friends Association
  - to provide information to a school this student may attend in the future.
3. I/We give permission for relevant information to be obtained from schools previously attended by this student.
4. I/We understand that this information will be stored at John McGlashan College and will not be held for longer than is required.
5. I/We agree to pay the fees within one month of the due date and to give one term's notice in writing for the withdrawal of our son from the school and/or boarding house or to pay one term's fees in lieu thereof. This also applies to any special classes for which extra fees are charged.

Mother's Signature: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_